

Provider Report – Breast & Cervical



Within ten days of results, fax this form to 802-657-4208. Or mail to:
Ladies First, Vermont Department of Health, P.O. Box 70, Burlington, VT 05402-0070
Questions? Call the Provider Support Line: 1-800-510-2282 Need forms? www.LadiesFirstVt.org

Patient Name _____ SS# _____

D.O.B. ____ / ____ / ____ Exam Date ____ / ____ / ____ Provider Phone# _____

Provider Name _____ Practice Name _____

Height _____ in.

Weight _____ lb.

BMI _____

BREAST

Clinical Breast Exam:

Does patient report breast symptoms?

(e.g. a lump, nipple discharge, skin changes)

- Yes No

Findings:

- Normal exam Benign finding
 Discrete palpable mass (dx benign)
 Discrete palpable mass (suspicious of cancer)

Diagnostic evaluation needed:

- Bloody/serous nipple discharge
 Nipple or areolar scaliness
 Skin dimpling or retraction

CBE not done today:

- Not needed – previous normal CBE in past 12 months
 Patient refused
 Other (reason): _____

Mammography:

Annual mammography is expected for all women 40+.

- Ordered mammogram
 • Give member Ladies First prescription
 Mammogram not ordered

If not performed, mark or list reason:

- Not age appropriate
 Other (reason): _____

CERVICAL

Pelvic Exam:

Mark finding:

- Within normal limits
 Abnormal – not suspicious for cervical malignancy
 Abnormal – suspicious for cervical malignancy
 Not performed (reason):

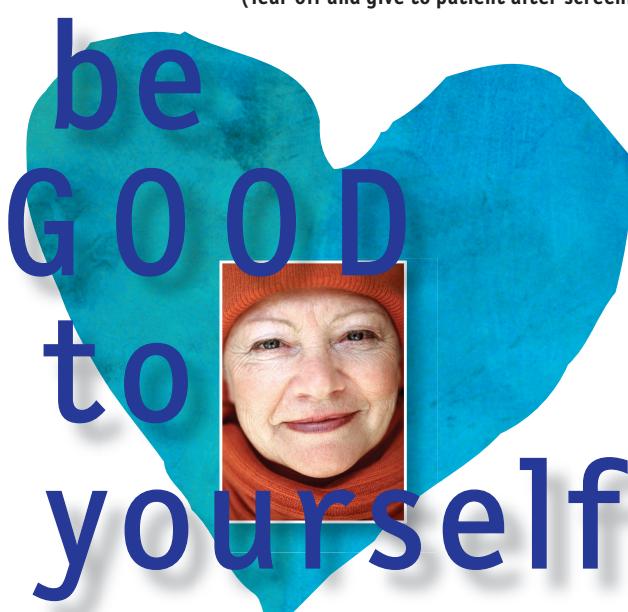
Pap Test:

Mark finding:

- Performed
 (Place Ladies First sticker on lab requisition)
 Not performed (list reason):
 Cervix surgically absent
 Member had Pap within last _____ years
 Other (reason):

LFSCBC 1/06

(Tear off and give to patient after screening)



Mammogram Prescription

Rx _____ is approved for a mammogram on _____ (date and time)

at _____ (Hospital/Facility)

PROVIDER SIGNATURE

Patient: Please bring this form with you when you go to your appointment.

Provider: Please give this form to your patient. A patient must be a Ladies First member before being given this form. For questions, please call the Provider Support Line at 1-800-510-2282.